

# **Towards an Integrated Health System: Accomplishments and Findings of the Illinois Behavioral Health Integration Project (BHIP)**

## **ILHIE Webinar**

### **Thursday, February 14, 2013**

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This presentation was prepared by the Illinois Office of Health Information Technology with funds under grant number 1UR1SMO60319-01, -02 and supplemental grant number 3UR1SM060319-02S1 from SAMHSA/HRSA, U.S. Department of Health and Human Services. The statements, findings, conclusions and recommendation are those of the author(s) and do not necessarily reflect the view of SAMHSA/HRSA or the U.S. Department of Health and Human Services.

# Goals of the Illinois Health Information Exchange



- Improve health care quality and outcomes
- Control the cost of health care and enhance value for patients and payers
- Maximize federal health information technology funding to Illinois and its health care providers
- Enhance public health and disease surveillance; reduce disparities
- Foster patient involvement and informed decisions

# Illinois' Health Information Exchange Implementation



- The Office of Health Information Technology, created by Governor Quinn's executive order
- The Illinois Health Information Exchange Authority created by state statute
- Federal grant funding to develop health information exchange infrastructure in Illinois
- Statewide health information exchange implementation strategic and operational plan



# Integrating Behavioral Health in the ILHIE



Illinois...

- Prioritized behavioral health for inclusion in HIE
- One of 12 states eligible to pursue a SAMHSA-HRSA grant for integration
- One of 5 awarded a grant under the program: Centers for Integrated Health Solutions - HIE



# The Illinois Behavioral Health Integration Project



- One-year project to accelerate the integration of behavioral and physical health using health information exchange
- Funded by a SAMHSA-HRSA grant to the Center for Integrated Health Solutions at the National Council for Behavioral Healthcare
- Guided by an engaged statewide steering committee
- Focus on provider and consumer engagement
- Designed to address barriers to exchange for integration



# Challenges Addressed

- Legal
  - state and federal law
- Financial
  - reduced funding and cost of EHRs
- Technical Resource
  - lack of internal and vendor staff
- Operational
  - new processes and requirements



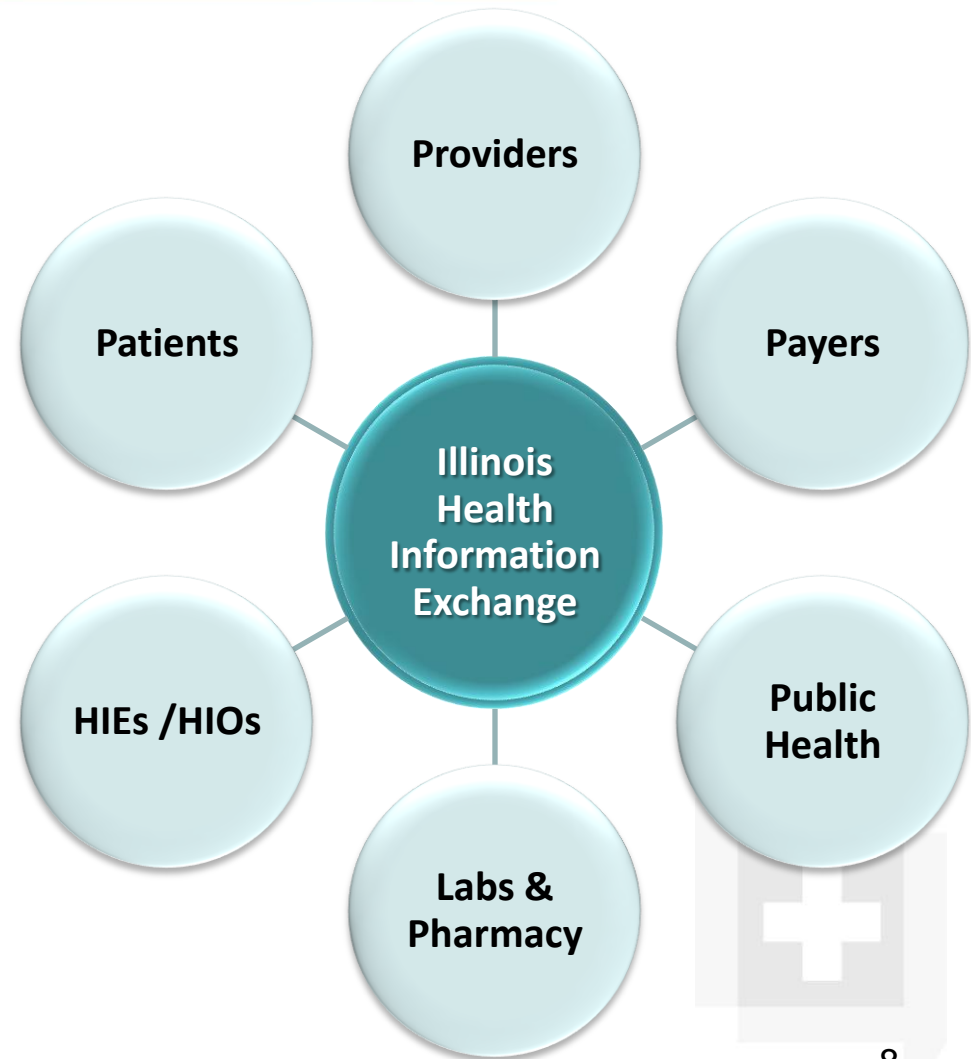
# Illinois' Partners in Behavioral Health



- Illinois Department of Human Services
- Illinois Department of Healthcare & Family Services
- ILHIE Legal Taskforce
- Illinois Association of Rehabilitation Facilities
- Illinois Alcoholism and Drug Dependence Association
- Community Behavioral Healthcare Association of Illinois
- Regional Extension Centers: CHITREC & ILHITREC
- Law Firm of Popovits & Robinson

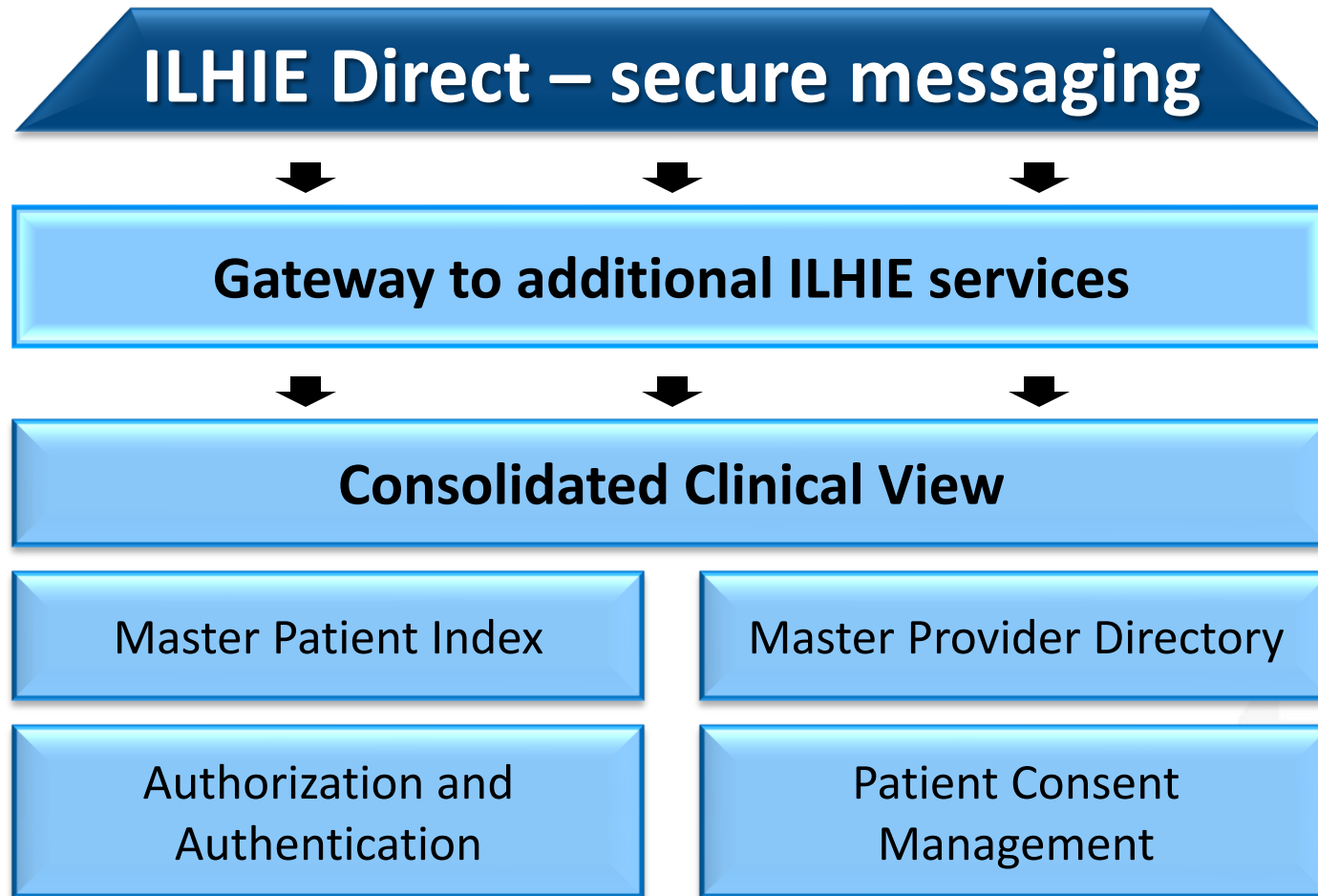
# HIE network hub concept

Secure, effective,  
and efficient  
exchange of health  
information in  
compliance with  
state and federal  
standards, laws, and  
regulations





# Development of the HIE based on Marketplace



# What is ILHIE Direct?

...a secured, encrypted messaging service that is HIPAA compliant

## How it works:

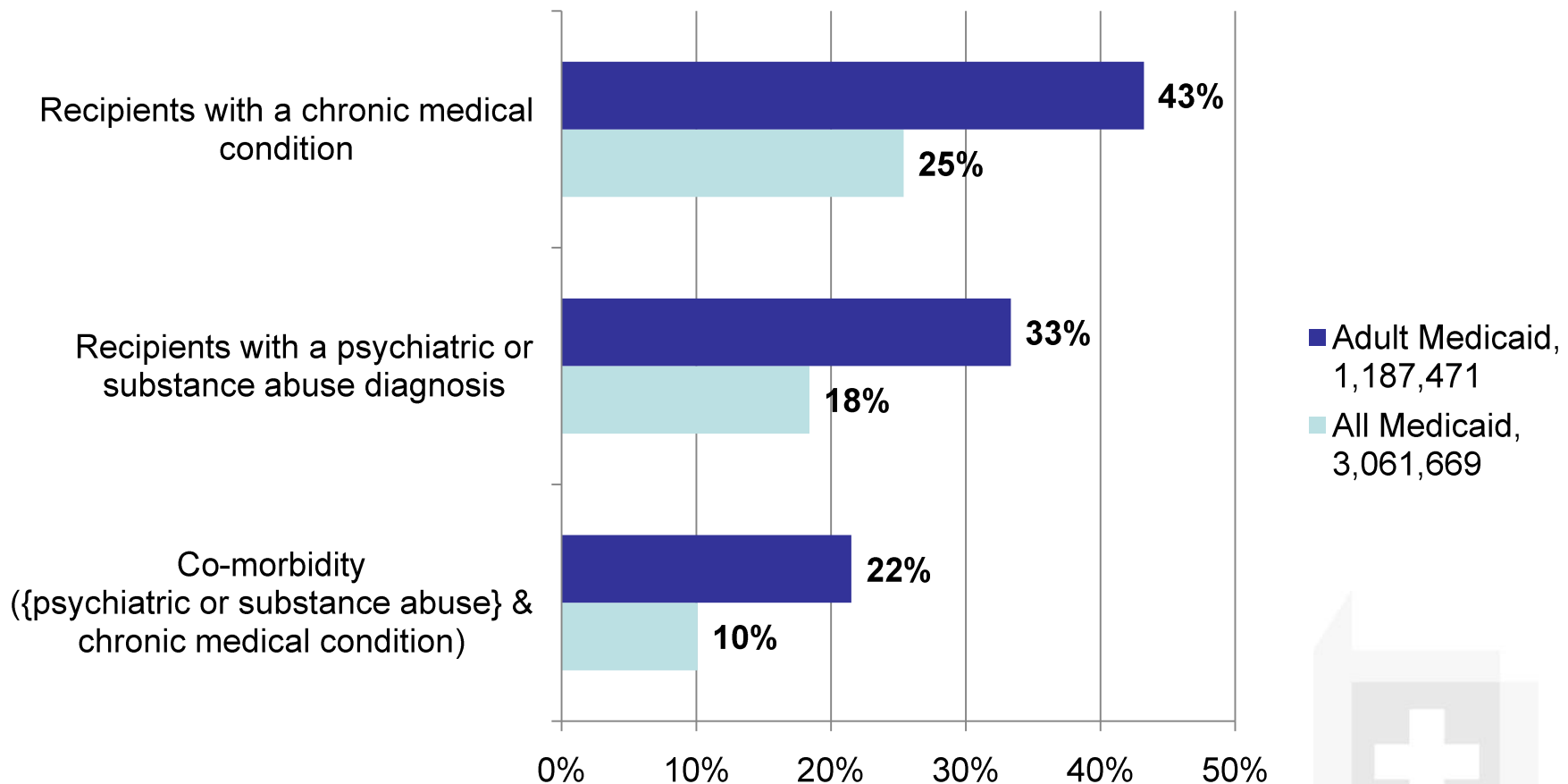
- Scan and send a record and/or consent form via ILHIE Direct
- **All you need is:**
  - An Internet connection
  - A web browser
  - A trading partner
- **You do not need:**
  - An Electronic Health Record (EHR) system.



# What we knew to be true...



# Behavioral Health Disorders in the Medicaid Population



Source: Illinois Department of Healthcare & Family Services, October 2012

# The Challenge: Data Exchange for Behavioral Health in Illinois



1. How can we support the exchange of behavioral health data?
2. How do the consent laws work in relation to real time data sharing planned for in the robust HIE?
3. What capacity exists in the behavioral healthcare arena to engage in HIE?



# The Challenge: Data Exchange for Behavioral Health in Illinois

## State Mental Health Confidentiality Act

- HIE does not exist
- Consent duration
- Specifies recipients
- Requires a witness
- Prohibits:
  - A record locator service
  - Advance and blanket consent
  - Disclosure to a third party

## 42 CFR Part 2

- Consent duration
- Specifies recipients
- Prohibits disclosure to a third party



# Development of the Behavioral Health Infrastructure

## ➡ Outreach and engagement on HIE

## ➡ Tools addressing HIE

## ➡ IT solutions

## ➡ Recommended policies

- 2 statewide meetings; 5 provider and 4 consumer focus groups
- Template consent forms, data sharing agreements and implementation protocols
- Data architecture to capture behavioral health information
- Proposed state legislation
- Recommendations for federal changes

# Development of the Behavioral Health Infrastructure (cont'd.)

- **Research of current capabilities**
- Capacity study of behavioral health providers
- **Small funding pool for behavioral health providers**
- Demonstration projects of electronic exchange

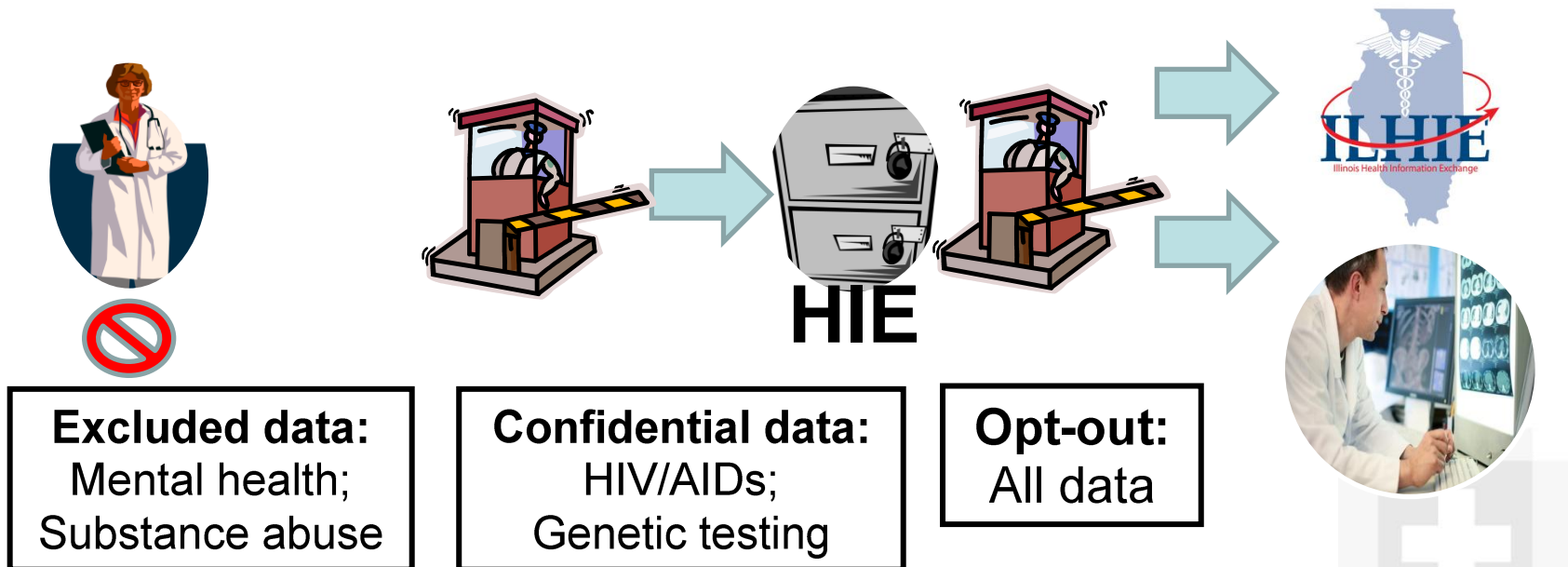




# Current HIE Data Filter Challenges

“Excluded data”: mental health; substance abuse

“Highly Confidential data”: HIV/AIDS; genetic testing



# How do providers and consumers view consent?

- » 2 statewide meetings
- » 4 provider surveys & 5 focus groups
- » 4 consumer focus groups

# What is the technical capacity of providers?

- » 3 surveys

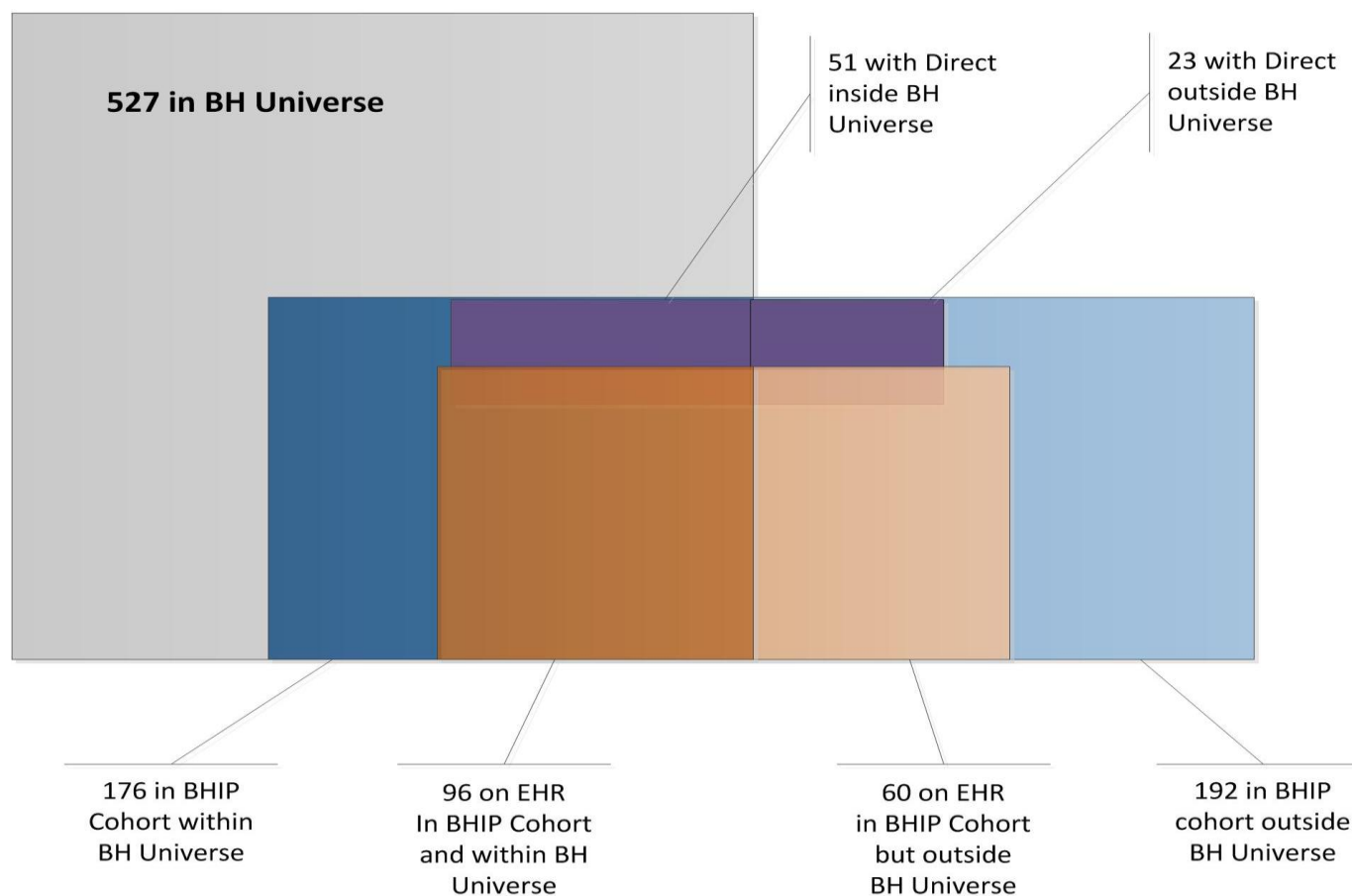
# What we discovered...



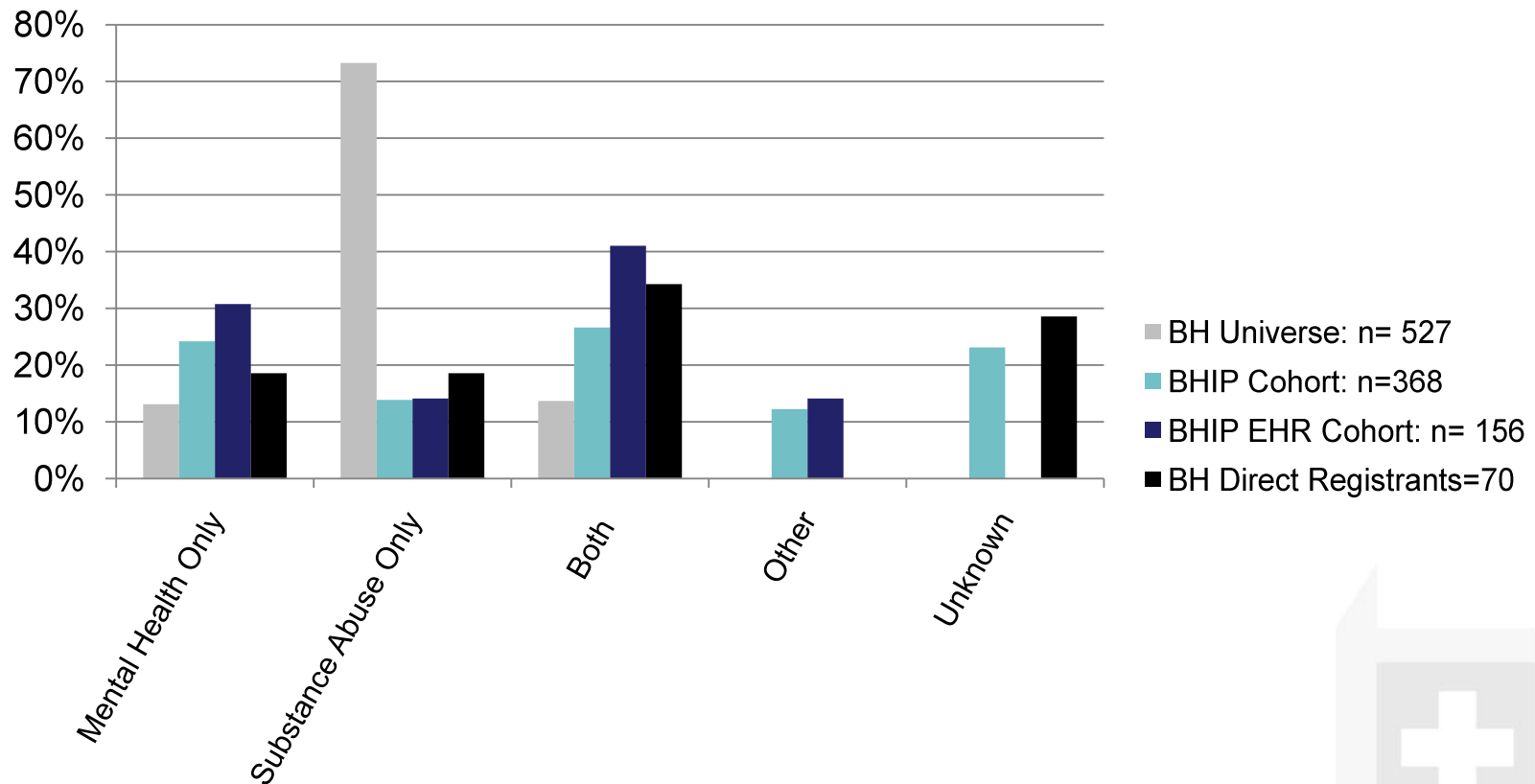
# HIT Capacity: BHIP & State Licensed/Funded Organizations

## Behavioral Health Organizations Engaged by BHIP

n = 368



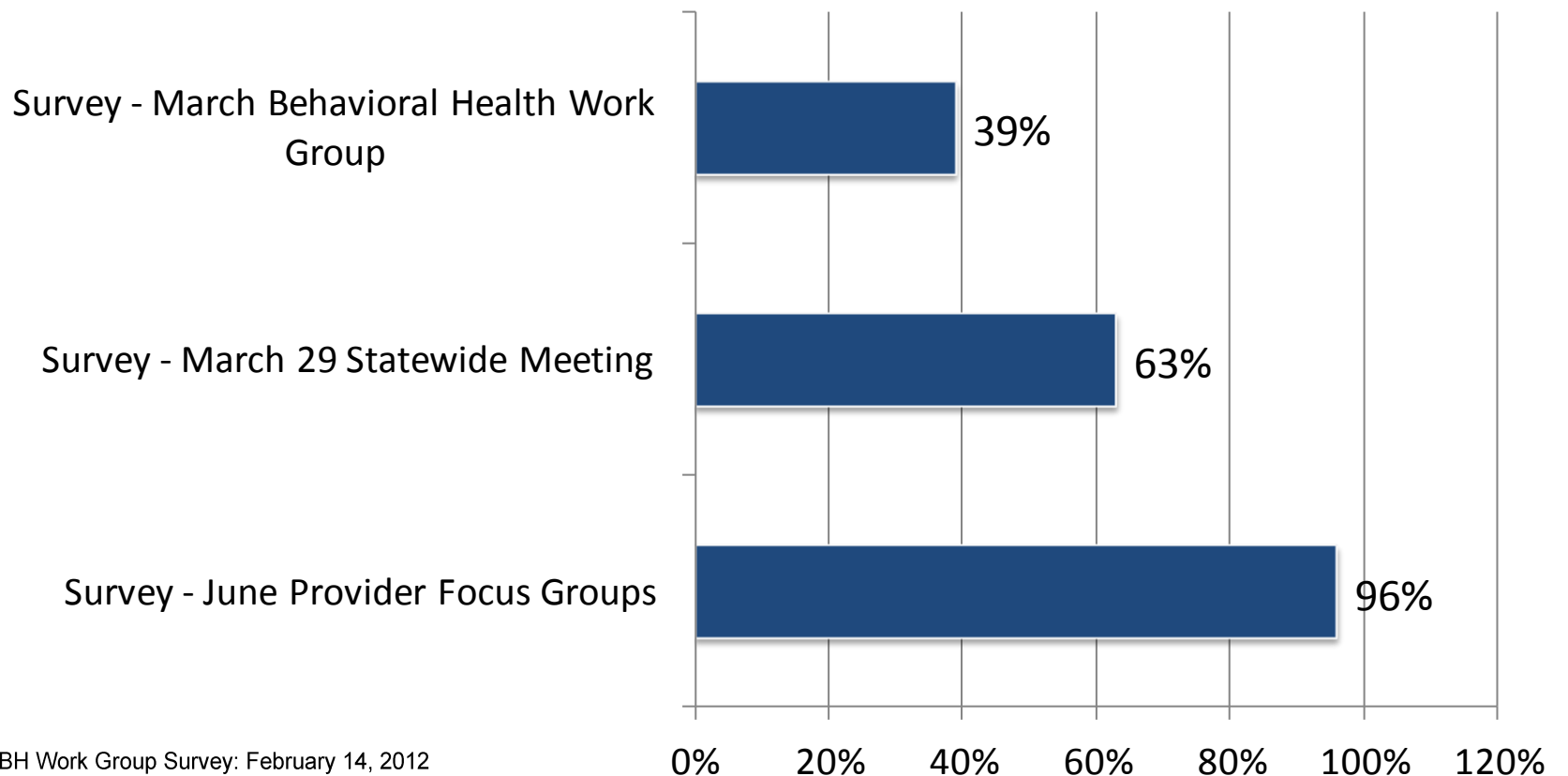
# HIT Capacity in the BHIP Cohort



BH Universe defined as organizations licensed and funded by the Illinois Department of Human Services based on data from 2012

# Behavioral Health Providers – EHR Adoption

## EHR Adoption - Existing & Implementing



BH Work Group Survey: February 14, 2012

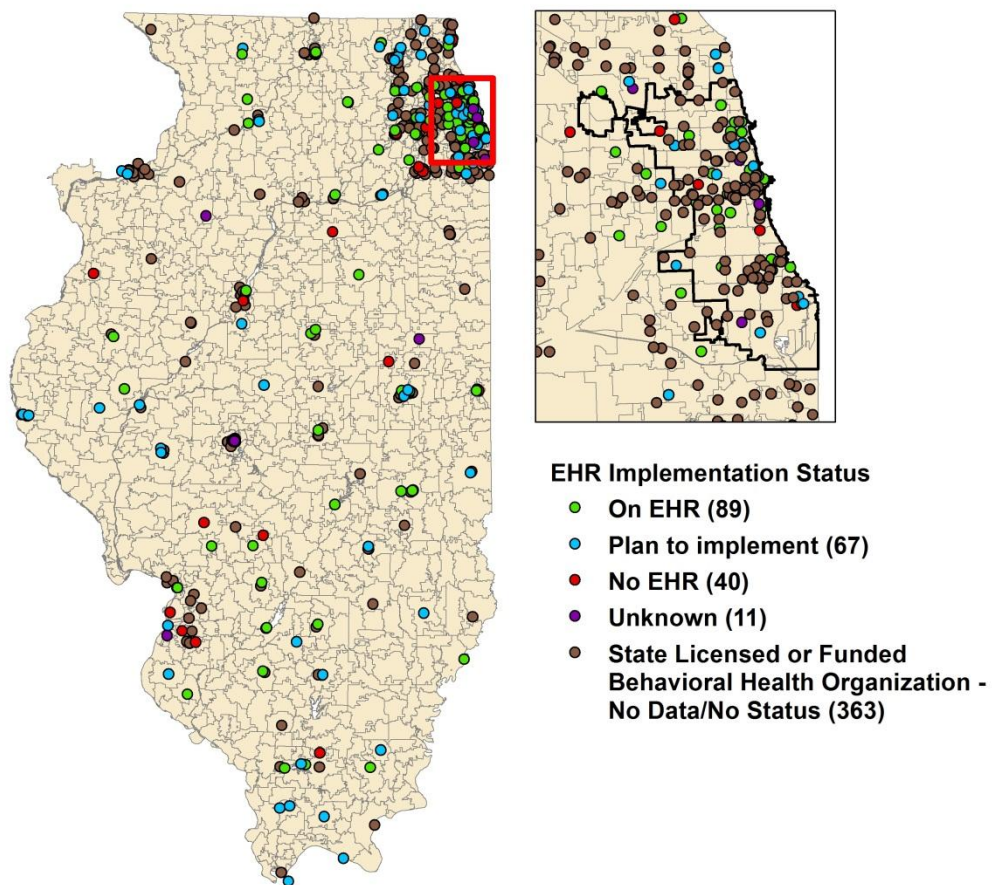
March 29<sup>th</sup> Survey: April 5, 2012

June Focus Groups: June 7, 14, 21, 26 & 27, 2012

# BHIP EHR Capacity: Geographic Diversity

## EHR Implementation Status by Organization

### BHIP Cohort

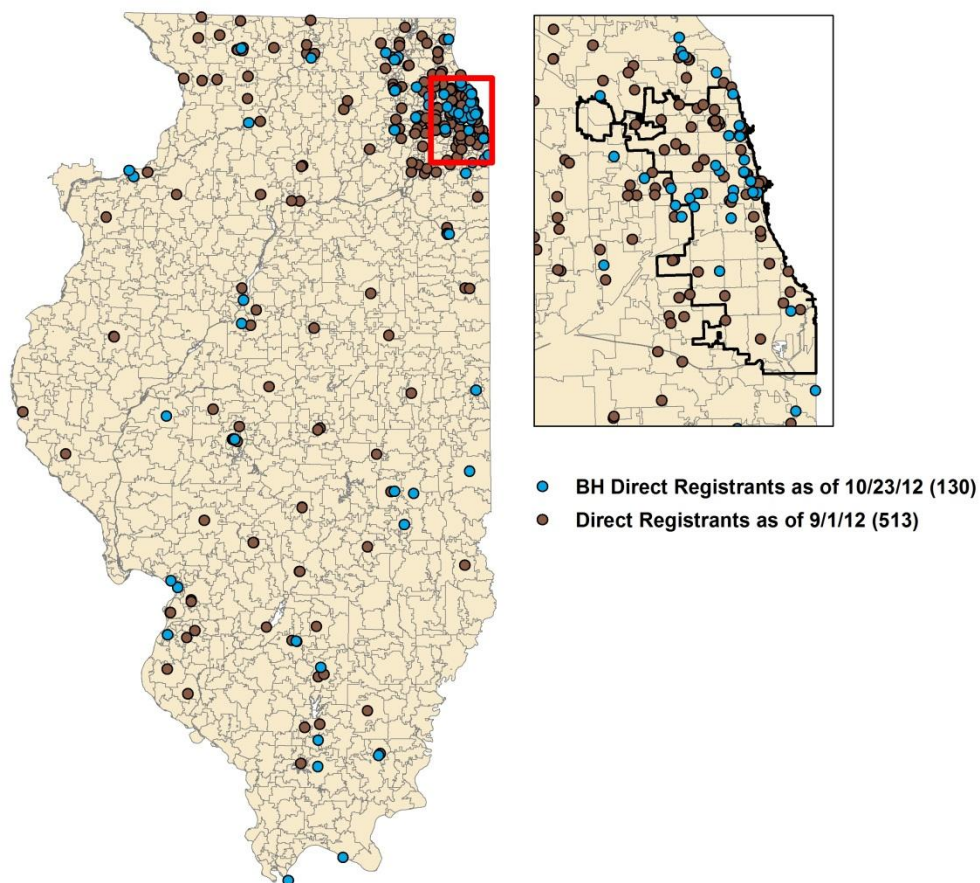




# BHIP ILHIE Direct: Geographic Diversity

## ILHIE Direct Registrants by Individual

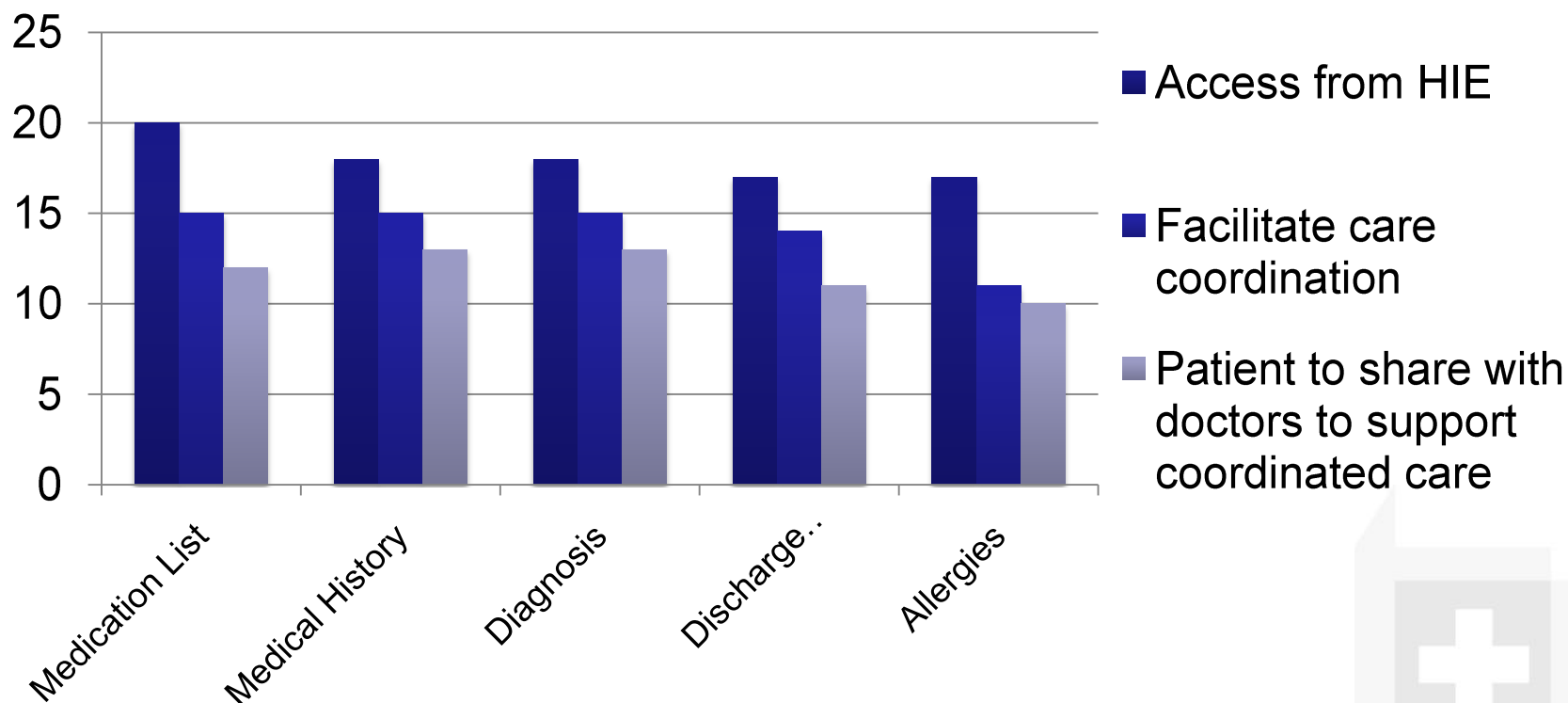
### BHIP Cohort





# Behavioral Health Providers Value Health Data

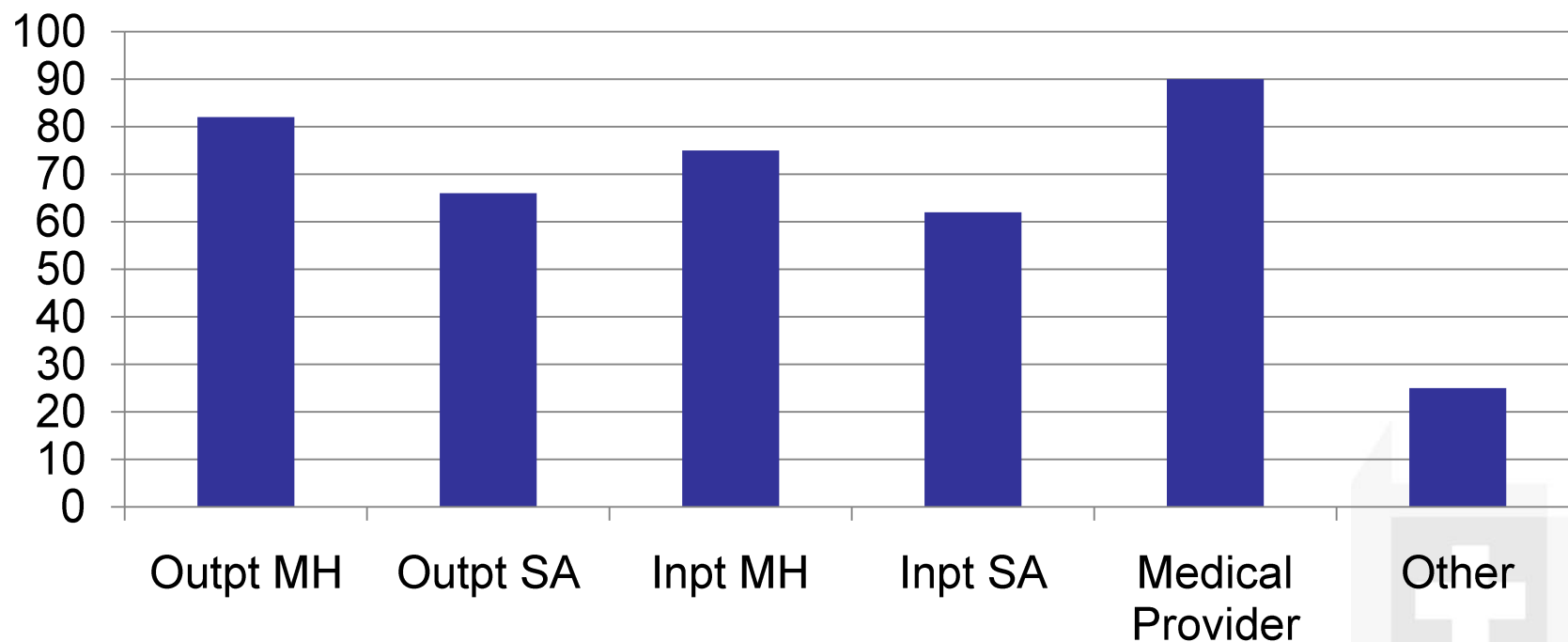
## Top 5 pieces of information considered important with exchange context



# Coordinating Care

**What types of organizations does your organization routinely share patient information with to facilitate care coordination?**

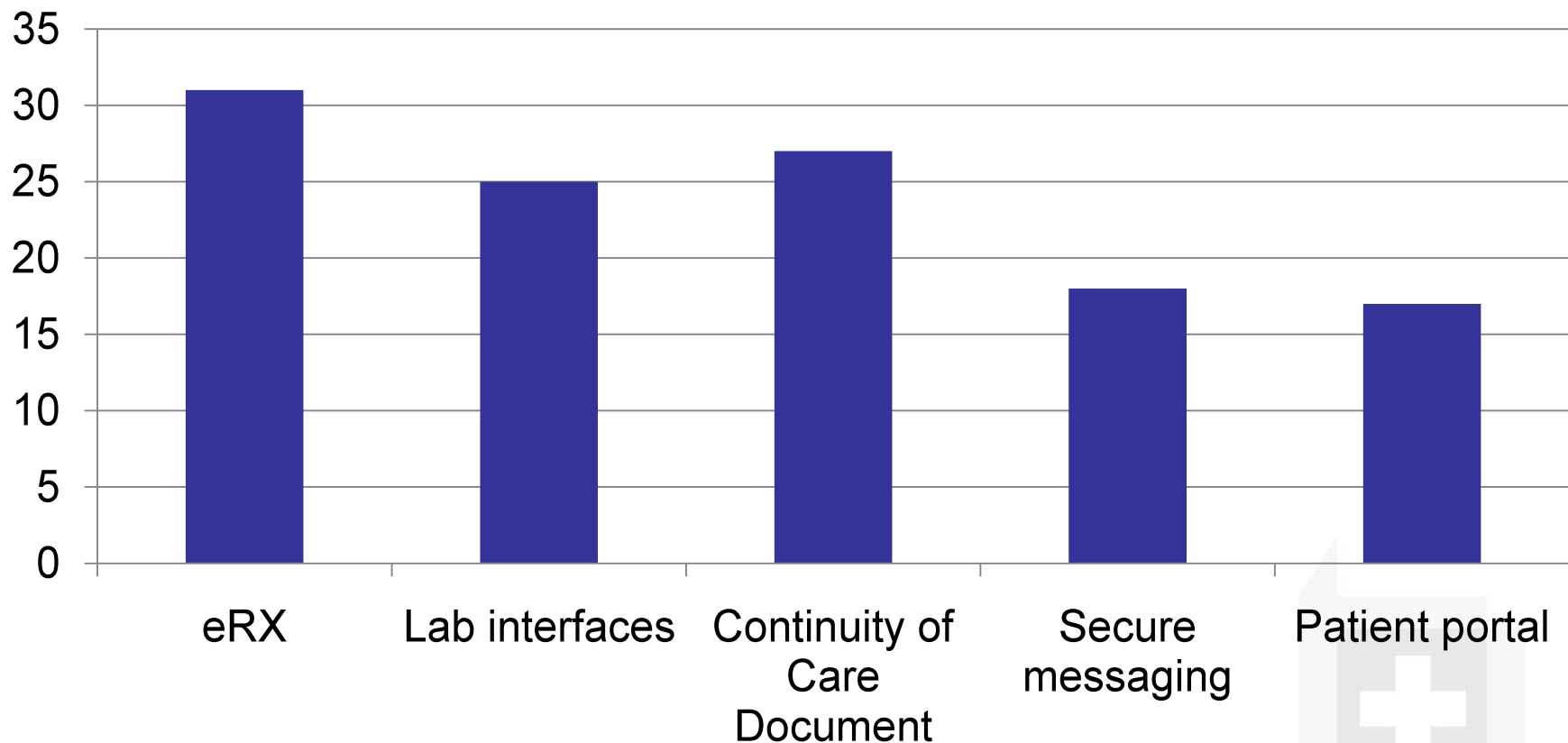
n = 110



# Behavioral Health Providers Use EHR for Treatment

## Support EHR functionalities

n = 120



# What consumers are saying about...

## Sharing behavioral health information with primary care:

- “I’m concerned when doctors try to prescribe a controlled substance when I have a substance use diagnosis. I may not be in a place of my recovery to say “ No”.
- “A history of drug addiction is like a health issue – like diabetes. The doctor needs to know for appropriate treatment.”

## The importance of consent:

- “It’s important to have a choice.”
- “Consent gives you power over your records and your care.”

## Concerns:

- Access to PHI by law enforcement, civil proceedings, employers

# ILHIE Act: Protection of Patient Privacy & Security



- “The Authority shall establish minimum standards for accessing the ILHIE to ensure that the appropriate **security and privacy protections** apply to health information, consistent with applicable federal and State standards and laws.”
- Dec. 1, 2011: Formation by ILHIE Authority Board of Data Security and Privacy Committee

“The Committee’s role is to review, evaluate and recommend **ILHIE data privacy and security policies**, and to oversee the development of new ILHIE data privacy and security policy recommendations with appropriate collaboration with State of Illinois stakeholders, policy developers and implementers.”



# ILHIE DSPC Deliberations



- Testimony of 30+ stakeholder representatives and members of the general public
  - All proceedings public
  - 4 sets of hearings (3/29, 5/3, 7/17, 7/28)
  - Input from health care services providers and consumers; 4 RHIOs; subject matter experts
  - 450+ pages of publicly- posted documents

hie.illinois.gov : Data Security and Privacy Committee



## Data Security and Privacy Committee

### [Committee Member List](#)

#### August 17, 2012

- [ILHIE Authority Data Security & Privacy Committee - August 17, 2012 Meeting Agenda](#)

#### August 13, 2012

- [ILHIE Authority Data Security & Privacy Committee - August 13, 2012 Meeting Agenda](#)

#### July 27, 2012

- [ILHIE Authority Data Security & Privacy Committee - July 27, 2012 Meeting Agenda](#)
- [Behavioral Health Report - BHIP Summit Preliminary Findings](#)
- [Substance Abuse Report](#)
- [Genetic Testing Report](#)
- [AIDS Confidentiality Act Report](#)

#### Working Papers

- [Obtaining and Maintaining Consent - Operational Considerations](#)
- [Consent Models - Empirical Evidence](#)
- [Options for Storing Electronic Consent](#)

#### Public Testimony

- [Dr. Tom Mikkelsen, LincolnLand Health Information Exchange/Illinois Health Information Exchange Partners](#)
- [Dr. Fred Rachman, The Alliance of Chicago Community Health Services](#)
- [Esther Sciammarella, Chicago Hispanic Health Coalition](#)
- [Harry Rhodes, HIM Solutions - Testimony | PowerPoint Slides](#)
- [Ed Murphy, Central Illinois Health Information Exchange](#)

<http://www2.illinois.gov/gov/HIE/Pages/DataSecurityandPrivacy.aspx>(8/22/2012 11:27:35 AM)

# Report of Preliminary Findings & Recommendations

- 67-page report, including 5 exhibits
- 28 numbered Findings & Recommendations
  - Grouped into 20 categories

Core Commitment to Privacy and Security	Opt-Out Override/ Break-the-Glass
The Importance of Information Sharing	Continuation of “Opt-In” under Current Laws
The Role of HIT Technology	Administrative Burdens
National Interoperability	Barriers to HIE in Current Laws
Harmonizing Illinois Law	Future Segmentation of PHI
Meaningful Use Incentives	Data Security Protections and Assurance
Efficiency	Control of Data by Data Custodians
Public Health	Neutrality on Merits of Data Custodian Disclosure Restrictions
Balancing of Stakeholder Interests	Unique Patient Identifier
Enhancing Patient Protection: Opt-Out Policy	Next Steps



# 5 Key Preliminary Findings & Recommendations

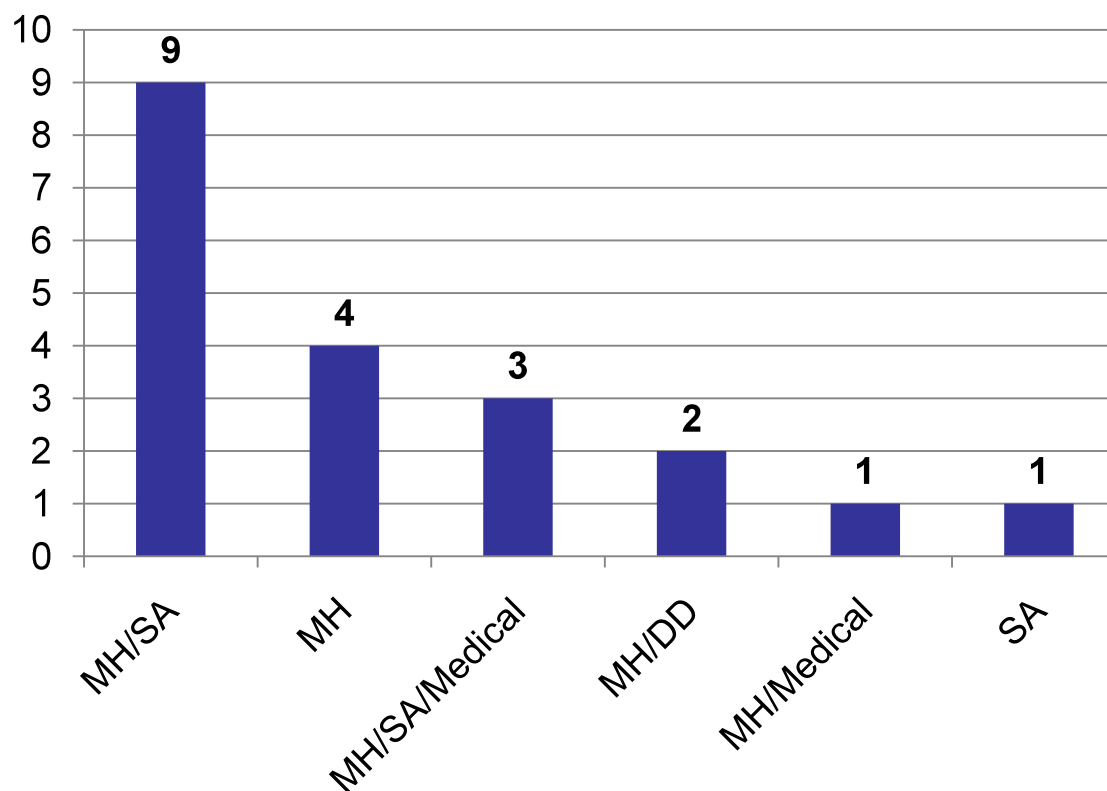
1. Multi-staged approach to implementation of ILHIE and the privacy & security policies which current technology enables
2. Harmonization of IL law with Federal law (e.g. HIPAA); amend IL laws
  - Reduce IL law uncertainty
  - Look to Federal law leadership to facilitate national HIE inter-operability
3. Encourage flow of PHI into HIE for HIE purposes, but provide patient privacy protection with patients being given “opt-out” choice for HIE participation
4. Since PHI segmentation is currently not technically practical, launch the ILHIE with an “all-data-in or all-data-out” patient choice, but as technology matures, introduce more granular patient choices for what PHI patients wish to share with whom
5. Adopt measures to build provider and patient trust in the ILHIE



## How are behavioral health providers transitioning care?



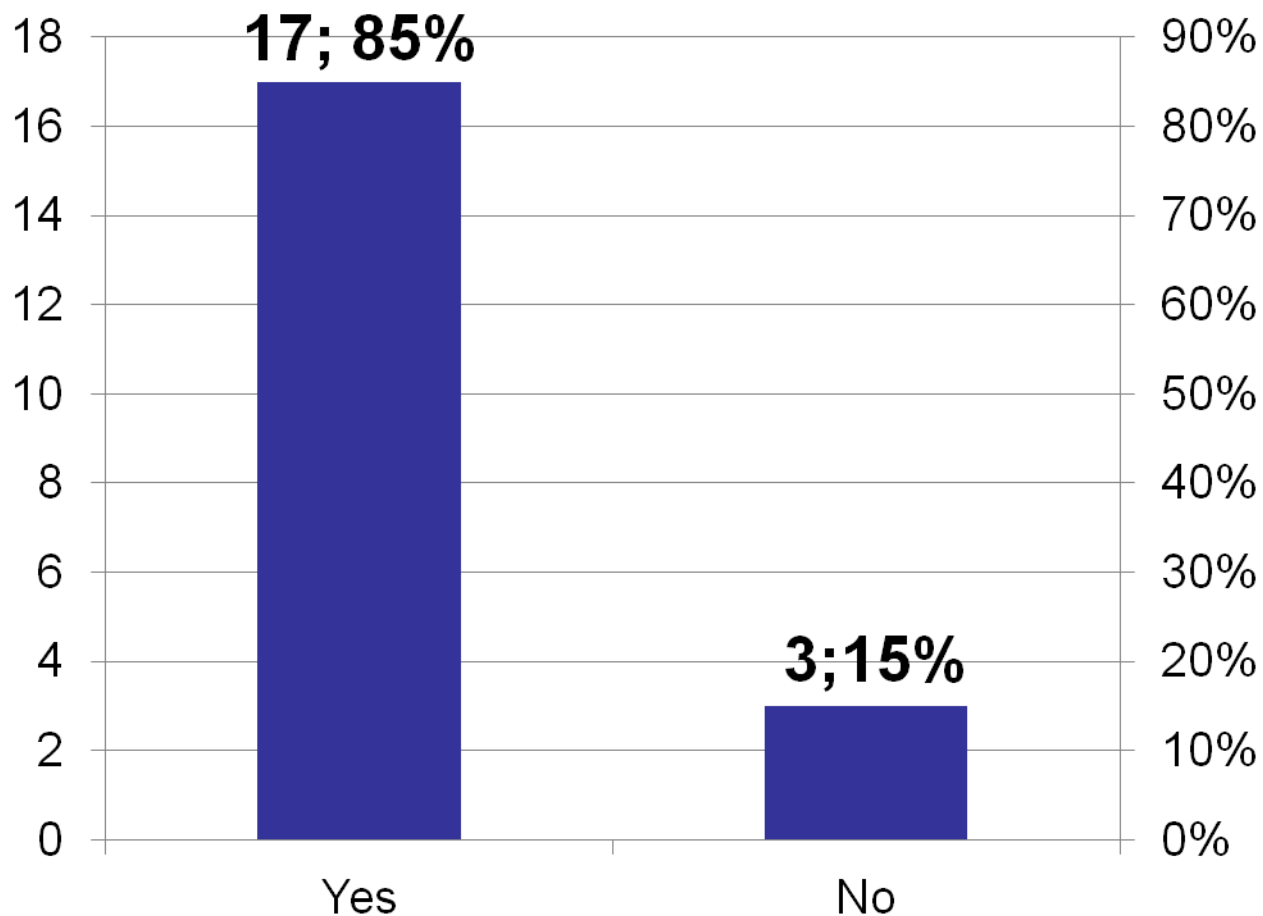
## LOI Survey Respondents – Organization Type



**n=20**

# Sample Pool: EHR Adoption

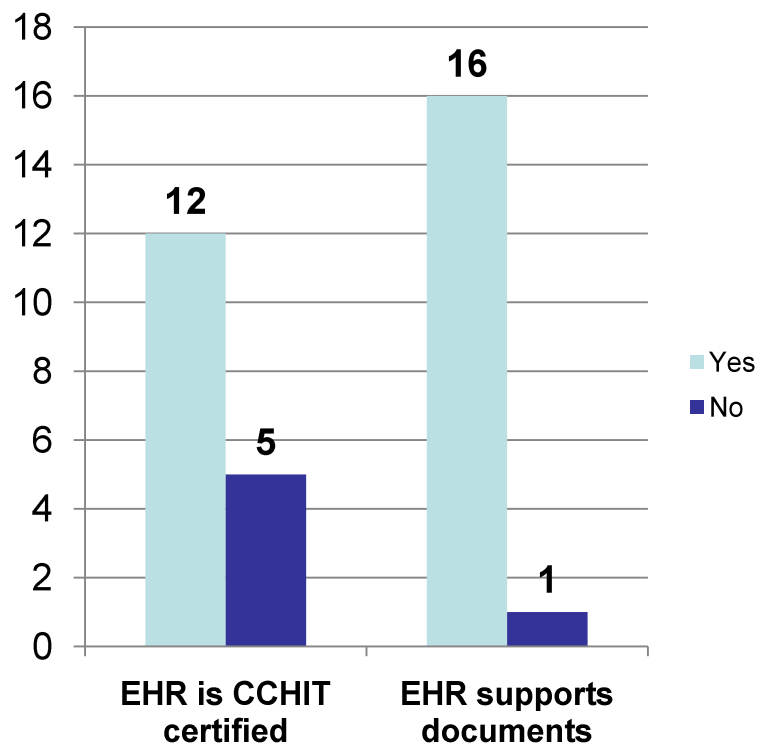
**n=20**



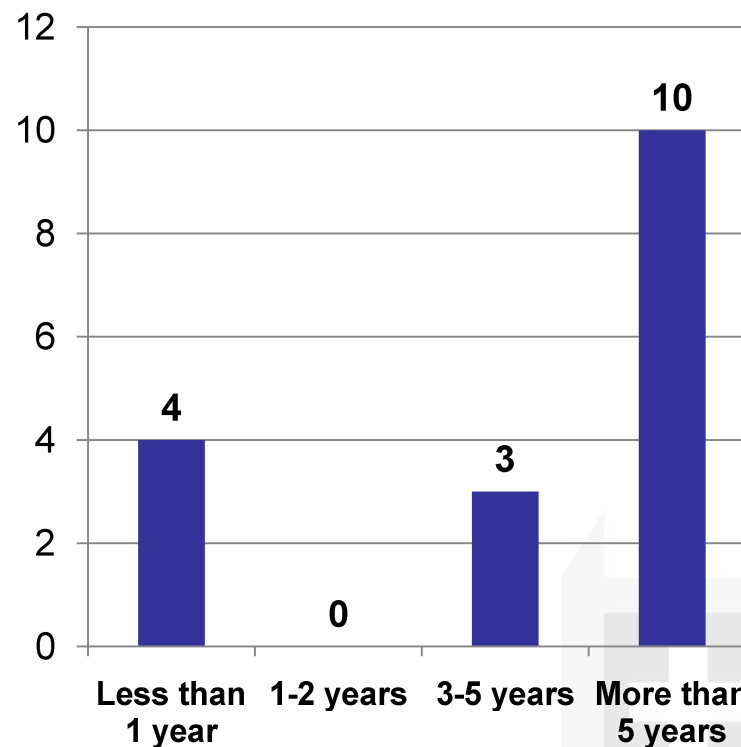
# Sample Pool: EHR Familiarity

**n=17**

## EHR Characteristics

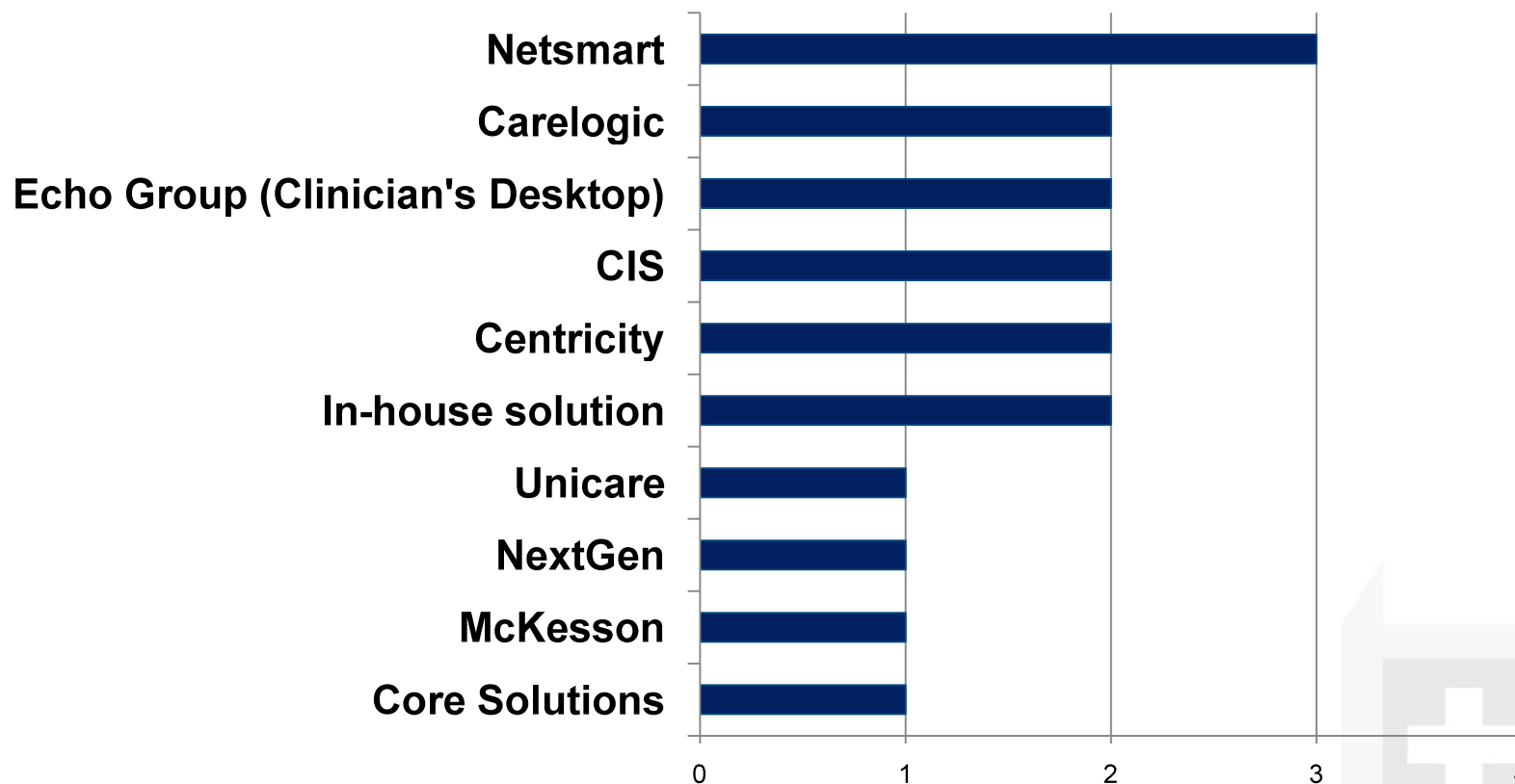


## Years on EHR



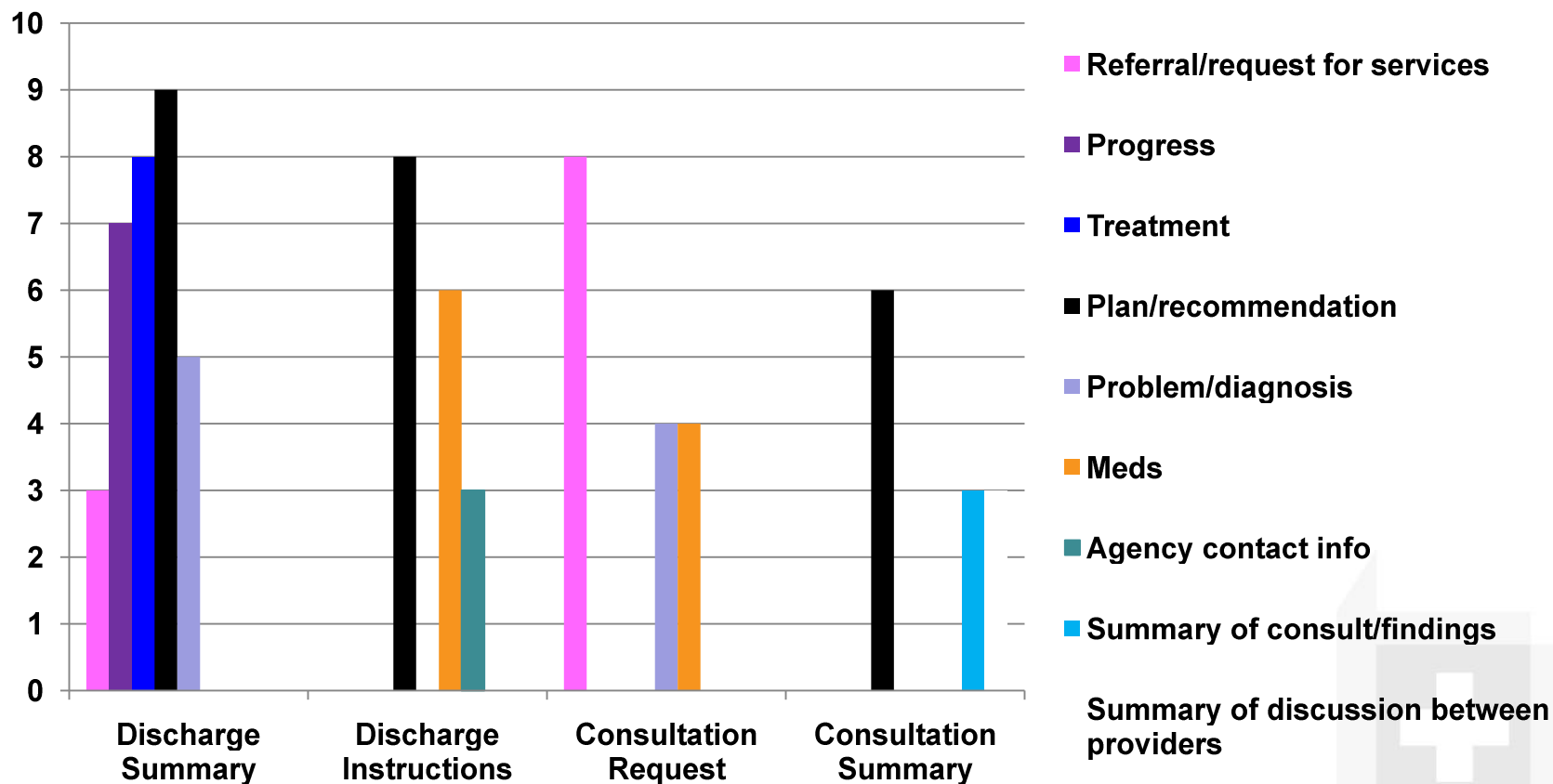
# Sample Pool: EHR Vendors

n=17



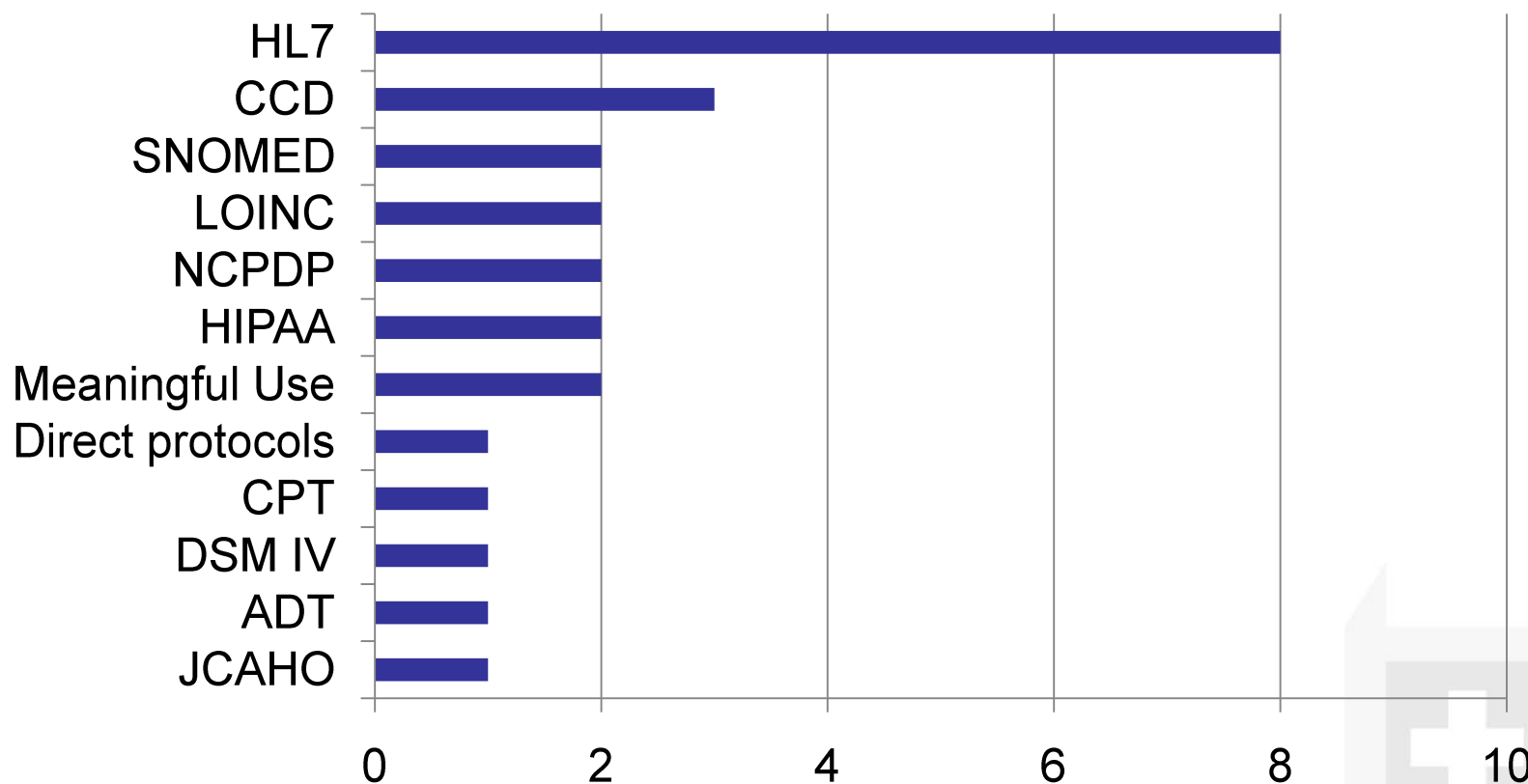
# Sample Pool: Transition of Care

## Elements most often mentioned in definitions



# Sample Pool: Standards

**What national data standards need to be adhered to for your project?**



- ILHIE Direct
- Template Tool Kit
- Demonstration Projects
- Proposed Legislation
- BHIP Prototype – Transition of Care Webform





# BHIP Toolkit for ILHIE Direct



## BHIP Template Consent Toolkit for ILHIE Direct

The Behavioral Health Integration Project (BHIP) Template Consent Toolkit is designed to provide all health providers to obtain and manage patient consent, specifically as it relates to exchanging patient-point secure messaging. This template consent tool-kit for ILHIE Direct offers forms that can be used by providers in exchanging health information with healthcare partners.

The Toolkit consists of three main elements: A sample consent form, a notices of privacy practices consent guidelines of the Health Insurance Portability and Accountability Act (HIPAA), Public Health confidentiality law. Also included are some instructional materials to give you further guidance on use.

Please note that neither the sample consent form or the NPP are required for use, but rather are suggestions. See below for additional information and links to download the BHIP Toolkit documents.

## Contents

1. Template Consent Form
  - Instructions
  - Provider Script
2. Notice of Privacy Practices Insert
3. Comparison of Consent Laws

<http://tinyurl.com/il-bhip-toolkit>



# BHIP - Awarded Demonstration Projects

## September 2012



Geography	Lead Provider	Type of Provider	Project Description	Funded
Central Illinois: Springfield	Mental Health Centers of Central Illinois	MH/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 45,100
Central Illinois: Peoria	Human Service Center	MH/SA	Strengthening the referral process for inpatient/outpatient services for Severely Mentally Ill population	\$ 45,000
Downstate: Carbondale & Carterville	The H Group	MH/DD/SA	Electronic exchange of data to reduce unnecessary use of the emergency room by the mentally ill and referral to appropriate care	\$ 44,300
Suburban Chicago: DuPage County	DuPage County Health Dept.	MH/SA	Integrate behavioral health and medical services to support Severely Mentally Ill individuals in community	\$ 39,600
Chicago	New Age Services	SA	Electronic exchange of labs and physicals for substance use treatment consumers	\$ 45,000
Metro Chicago	Lutheran Social Services of Illinois	MH/SA	Electronic exchange of data from inpatient to outpatient services for youth with harm to self/harm to others conditions; SASS population (Screening, Assessment and Supportive Services)	\$ 45,000
				\$ 264,000

# BHIP Web Form

Firefox | hie.illinois.gov : Behavioral Health Int... | Behavioral Health Quick Forms

localhost:57775/csp/healthshare/hsaccess/Custom.ILHIE.BHIP.UJ.BHQuickForm.cls#

WRC TRC Prolog devlog 3 adhoc SecureLink Zen CCR HS TWiki ILHIE Red Hat Enterprise Lin... Most Visited Getting Started FTP Upload Form NYeC TRC

**Illinois Health Information Exchange**  
**Behavioral Health Quick Forms**

**Patient Name:** John Smith  
**Document Type:** Discharge Summary

1) enter patient full name

2) select transition of care document type

**Name of Discharging Facility**  
**Address of Discharging Facility**  
**Medical Record Number (at Discharging Facility)**  
**Primary Care Physician**  
**Attending Physician**  
**Date of Admission**  
**Reason for Transfer or Discharge**  
**Date of Discharge**  
**Name of Accepting Entity**  
**Identifying Information**  
**Level of Education**  
**Employment Status**  
**Reason why Patient was Admitted**  
**Living Situation Prior to Admission**  
**History of Hospitalizations**  
**Total Number of Sessions**  
**Services Received to Date**  
**History of Present Illness**  
**Past Psychiatric History**

3) enter transition of care data

Substance use disorder diagnosis and history

# Modernizing the Illinois Mental Health Confidentiality Act



## Status quo is not an option:

- Current consent process as written creates uncertainty and impedes coordination.
- Care coordination among behavioral health and medical providers must be fostered.
- Terms of disclosure must harmonize with HIPAA for impact.



# Proposed Changes

- Give patients and providers a choice to share mental health data electronically and in real time
- Foster better care coordination among behavioral health and medical providers
- Clarify the consent process for providers connected to ILHIE
- Recognize the role and responsibilities of the ILHIE to facilitate secure data exchange for the improvement of patient care



# Before & After Legislative Change

- Right now: patients must sign a consent form each and every time they share mental health information with their physician or other specialist
- After the changes: consumers will be able to...
  1. Choose to have all health information sent by the HIE (opt-out)
  2. If not, consumers can choose to have some information sent by fax/U.S. Mail
  3. Decline to share any information





# Conclusions

- Medical providers are the most frequent trading partner for behavioral health providers currently.
- MH and SA providers know and are committed to HIT and the adoption of EHR systems.
- All providers value health data for their services to provide optimal care.
- Data driven services are at odds with restrictions, especially in light of co-morbidity rates and dual diagnosis.



## Conclusions (cont'd.)

- Consent process should be embedded in treatment, and provider should educate consumer on privacy and security of health data.
- Providers have little exposure to all three laws (e.g. HIPAA, 42CFR Part 2, IMHDDCA) governing consent and privacy protections, and indicated interest in more education.



# ILHIE Behavioral Health Integration – Next Steps



- Build additional capacity and infrastructure to make behavioral health integration possible throughout the state
- Implement draft HL7 behavioral health CCD standards along with an XDR wrapper
- Integrate BH EMR
- Facilitate registration for ILHIE Direct



# Additional Behavioral Health Webinars Coming Soon



- **Improving Existing Programs: Methadone Clinic & Youth in Mental Health Crisis (SASS)**, February 28, 10:30 – 11:30 AM
- **Creating New Programs and Approaches Using Electronic Data Sharing (ILHIE Direct)**, March 7, 10:30 – 11:30 AM
- **Mental Health Triage in Emergency Departments**, March 14, 10:30 – 11:30 AM



# Thank you!



**Dia Cirillo, Behavioral Health Project Director**  
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